

Adult Day Health Care Nursing

Definition: Adult Day Health Care (ADHC) Nursing services are provided in and by the Adult Day Health Care Center and are limited to the skilled procedures listed below and as ordered by a physician:

- Ostomy Care
- Urinary Catheter Care
- Decubitus/Wound Care
- Tracheostomy Care
- Tube Feedings
- Nebulizer Treatment

This service is provided to participants who are eighteen (18) or older. One unit of Adult Day Health Care Nursing includes any one or combination of the listed skilled procedures provided to a Community Supports Waiver Adult Day Health Care service participant during one day's attendance at an Adult Day Health Care Center. Authorization for Adult Day Health Care Nursing will be separate from the Adult Day Health Care authorization and will not be day specific unless so ordered by a physician.

Providers: Centers/agencies enrolled with SCDHHS to provide Adult Day Health Care Services under the Community Supports Waiver. All Adult Day Health Care Nursing services must be provided in the Adult Day Health Care center by a licensed nurse, as ordered by a physician and within the scope of the South Carolina Nurse Practice Act or as otherwise provided within State Law. The Nurse Practice Act is available on the following web page: <http://www.scstatehouse.gov/code/t40c033.php>

Please see: Scope of Services for Adult Day Health Care Nursing
(<https://www.scdhhs.gov/internet/pdf/ADHCN.pdf>)

Arranging for the Service: Adult Day Health Care Nursing services are only appropriate for those Community Supports Waiver participants who require more nursing care than the Adult Day Health Care Center is mandated to provide under the service provision of Adult Day Health Care services. In order for Adult Day Health Care Nursing services to be authorized, the Adult Day Health Care Nursing provider must obtain a Physicians Order for the service by having the physician complete the **Community Long Term Care Adult Day Health Care Nursing/Respite Form (DHHS Form 122)**. You sign the form in the Waiver Case Manager position. Once the **Community Long Term Care Adult Day Health Care Nursing/Respite Form (DHHS Form 122)** is obtained, you must update the participant's Support Plan to include Adult Day Health Care Nursing and receive approval from the SCDDSN Waiver Administration Division. Once approved, you may authorize the service. The Adult Day Health Care Nursing provider is responsible for obtaining the direct care physician's orders (**DHHS Form 122A**).

The **Community Supports Form A-34** must be used to authorize the service. The **Community Supports Form A-34** instructs the provider to bill the South Carolina Department of Health and Human Services for services rendered.

The **Community Supports Form A-34** will remain in effect until a new form changing the authorization is provided to the Adult Day Health Care Center or until services are terminated.

Monitoring the Services: You must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the participant's/family's satisfaction with the service. Monitoring may be completed with the participant, representative, service providers, or other relevant entities. DDSN recommends that the Waiver Case Manager monitors this service when it begins and as changes are made.

Monitoring must be conducted as frequently as necessary in order to ensure:

- the health, safety and well-being of the participant;
- the service adequately addresses the needs of the participant;
- the service is being furnished by the chosen provider in accordance with the authorization, relevant policies and quality expectations;
- the participant/representative is satisfied with their chosen provider/s.

Some items to consider during monitorship include:

- Is the participant satisfied with the Adult Day Health Care Nursing?
- Is the Adult day Health Care Nursing meeting the participant needs?
- Are there any additional health/safety issues not being met by Adult Day Health Care Nursing?
- How often does the participant receive Adult Day Health Care Nursing?
- What type of care is the participant receiving?

Reduction, Suspension, or Termination of Services: If services are to be reduced, suspended, or terminated, a written notice must be forwarded to the participant or his/her legal guardian including the details regarding the change(s) in service, allowance for appeal/reconsideration and a ten (10) calendar day waiting period before proceeding with the reduction, suspension, or termination of the waiver service(s). See **Chapter 8** for specific details and procedures regarding written notification and the appeals process.